11072

MARYLAND 11104

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Annapolis X; LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Annapolis X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Margarets X	STREET ADDRESS (If rural, give location): (Browns Woods) St. Margarets

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELESE	FENLEY	ASHLEY	DECEMBER	6	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	White	Widowed	1-21-65	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self employed Proprietor	Retail General Store	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cam Ashley	Mary Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	212-22-3011	Foster Ashley, Grimes, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease i Cardiac decompensation	2 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MARCH, 1937, to DEC 6, 1937, that I last saw the deceased alive on 4 DEC, 1954, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward A Beck MD 41 SOUTHGATE AVE. ANNAPOLIS 12-6-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-8-54	Mt. Hebron Cemetery	Winchester, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 7, 1954	[signature]	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
DEC 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11073 28

11105 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville, Md. X
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Md. 3 V 01-4
STREET ADDRESS (If rural give location) 1215 McCulloh Street

3. NAME OF DECEASED: (Type or Print) (First) Juan (Middle) (Last) Ayala

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 3/22/1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY? Alien

13. FATHER'S NAME: Jose Ayala

14. MOTHER'S MAIDEN NAME: Matilda Lascot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. ———

17. INFORMANT & ADDRESS: Crownsville State Hospital, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Hypostatic Pneumonia - Chronic Myocarditis	10/15/54
ANTECEDENT CAUSE (S)	DUE TO	9/12/53
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Generalized & Cerebral Arteriosclerosis DUE TO	9/12/53
	(C) Hypertension, fracture of left fibula, chr.	9/12/53
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Brain Syndrome, assoc. with cerebral Arteriosclerosis	

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ———

21C. WHERE DID INJURY OCCUR? (City or town) ——— (County) ——— (State) ———

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ——— M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 9/12/53 19 ..., to 12/23 ..., 19 54 that I last saw the deceased alive on 12/23 ..., 19 54, and that death occurred at 2:50 M, from the causes and on the date stated above.

SIGNATURE Dr. Jaime Del Valle M.D. ADDRESS Crownsville, Md. DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Shipped DATE THEREOF 12/24/1954 NAME OF CEMETERY OR CREMATORY N.Y. LOCATION (City, town, or county) New York (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR DEC 24 1954 REGISTRAR'S SIGNATURE [illegible] M. [illegible] Asst.

24. UNDERTAKER Mrs Katie P Williams ADDRESS 922 E. Monument St

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 29 1954
BUREAU V. S.

11074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10031

CERTIFICATE OF DEATH

Reg. Dist. No. 22

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) May 7. 1952
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Baltimore — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland
STREET ADDRESS (If rural, give location) 317 Park Ave, 3V01-4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Melvin		Banks	November 30 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored		March 13. 1901	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Clayton N.C	

13. FATHER'S NAME William Banks (Deceased)
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150X

Immediate cause (a) Cancer Esophagus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Cancer of Esophagus, University Hosp Balto md	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1954, to Nov 30, 1954, that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert R Taylor MD		Jessup Md.	Nov-30-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-4-54	Druid Ridge	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC 7-54	Clara Radcliffe	Wm. J. H. Hussey	578 Dill St.

RECEIVED
JAN 4 1955
BUREAU V. S.

11075

MARYLAND 11074

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural, give location) 144 Gloucester

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) A. (Last) Barber
4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one): Widow
8. DATE OF BIRTH: 1-26-1879
9. AGE last birthday: 75 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Supe
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Sommers
14. MOTHER'S MAIDEN NAME: Orvilla Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If no | (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: E. Kendall Barber Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (443X)	(a) Cerebral Vascular Accident	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	5 Yrs
	(c) Arteriosclerosis generalized	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation & Pulmonary Edema — 4 DAYS.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1954, to 12-17, 1954, that I last saw the deceased alive on 12-17, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Edward A Beck M.D. | 4 Southgate Ave Annapolis | 12-19-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 12-20-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 18, 1954 | REGISTRAR'S SIGNATURE H. O. Brunck

24. FUNERAL DIRECTOR | ADDRESS
John M Taylor Son Annapolis Md.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11076

Item 18 Film G176 1-31-55 ams

11106 CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Q A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nutwell X
LENGTH OF STAY (in this place) 66 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Q A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nutwell X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) Augustus (Last) Barnett
4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 15 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10B. KIND OF BUSINESS OR INDUSTRY: Oystering
11. BIRTHPLACE (State or foreign country): Nutwell, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Virgil Barnett
14. MOTHER'S MAIDEN NAME: Jane Wilkinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: James H. Barnett, Nutwell Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
490X IMMEDIATE CAUSE	(A) Natural Causes	3 days.
ANTECEDENT CAUSE (S)	DUE TO 1. Pneumonia, left lower Lobar	3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO 2. Malnutrition.	several years
	3. Senility	several years
	(C) 4. "Loss of" the "will to live"	several weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1954 to 12-10, 1954 that I last saw the deceased alive on 12-9, 1954, and that death occurred at 5:00 P M, from the causes and on the date stated above.
SIGNATURE Franklin D Hendricks M. D. ADDRESS Shadyside, Maryland. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec 13 1954
NAME OF CEMETERY OR CREMATORY Carters
LOCATION (City, town, or county) Friendship (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 11. 54
REGISTRAR'S SIGNATURE J. B Dent
24. FUNERAL DIRECTOR T A Hardesty & Son, ADDRESS Hallowell Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 14 1954
BUREAU V. S.

11077

MARYLAND 11075

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) 59 Franklin St

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) C. (Last) Basil

4. DATE OF DEATH (Month) 12 (Day) 5 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 9/28/1902

9. AGE last birthday 52 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician

10b. KIND OF BUSINESS OR INDUSTRY Private Practice

11. BIRTHPLACE (State or foreign country) Annapolis Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George C. Basil

14. MOTHER'S MAIDEN NAME Margaret J. Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Maude G. Basil (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5-, 1954 to 12-5-, 1954; that I last saw the deceased alive on 12-5-, 1954; and that death occurred at 1130 p.m., from the causes and on the date stated above.

SIGNATURE Geo. C. Basil (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 12-10-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 9/1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11078

11107 CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 Cresswell Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural, give location) 335 Cresswell Rd

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) BATLGATE

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wd. | 8. DATE OF BIRTH: 3-30-83 | 9. AGE last birthday: 71 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Vaga | 14. MOTHER'S MAIDEN NAME: Amelia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Fam. of Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1

IMMEDIATE CAUSE (A) Coronary Heart Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 49 to Dec 17, 1954 that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 11.45 M, from the causes and on the date stated above.

SIGNATURE Samuel Rubin M.D. ADDRESS 203 Belpre Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 12-21-54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 12-20-54 | REGISTRAR'S SIGNATURE C W Hedrick | 24. FUNERAL DIRECTOR Jas. L. McCleary ADDRESS 130 E. Fort Ave

11079

MARYLAND 11076

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Riverview Ave. RFD #4

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Belger Sr.
4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): —
8. DATE OF BIRTH: 11/12/1893
9. AGE last birthday: 61 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Cigar
11. BIRTHPLACE (State or foreign country): Bangor Maine
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: James Belger
14. MOTHER'S MAIDEN NAME: Julia Mahoney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs. Rupert Bergall N.Y.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	months
	(c) Carcinoma of bladder	4 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/, 1954 to 12/11/, 1954, that I last saw the deceased alive on 12/11/, 1954, and that death occurred at 9:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M Shipley M.D. Annapolis 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE: 12-12-54
NAME OF CEMETERY OR CREMATORY: —
LOCATION (City, town, or county) (State): Manchester N. H.

DATE REC'D BY LOCAL REG.: Dec. 12, 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: John M Taylor Sons Annapolis Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11077 CERTIFICATE OF DEATH

11080

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville, R 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Lee (Last) Belt

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 8-4-1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fredrick Belt

14. MOTHER'S MAIDEN NAME: Gertrude Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Fredrick Belt - Millersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1954 to Dec 24, 1954 that I last saw the deceased alive on Dec 23, 1954, and that death occurred at 7:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J. Chenett M.D. ADDRESS Gambrills DATE SIGNED 12-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12-26-54 NAME OF CEMETERY OR CREMATORY Mt. Zion LOCATION (City, town, or county) Chesterfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 26, 1954 REGISTRAR'S SIGNATURE J. O. Bond

24. FUNERAL DIRECTOR William Reese ADDRESS 108 Main St. Annapolis, Md. 2084214354

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11108 CERTIFICATE OF DEATH

11081

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Marley X
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spencer Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley X
STREET ADDRESS (If rural give location) Glenburnie P.O.

3. NAME OF DECEASED: (Type or Print) (First) GEORGIANNA (Middle) (Last) BOODY

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank
14. MOTHER'S MAIDEN NAME: Mary Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 4 weeks
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-3 ..., 1954, to ... Dec-31, 1954., that I last saw the deceased alive on 12/30.., 1954, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Brady Smith M.D. Riviera Beach, Md. 12/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 1/4/54 | Marley Neck | A A Co Md

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
1/3/55 | A. W. Hedrick M.D. | Daniel L Linton-Dor 1 C&W Montgomery St

11078

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11682 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A. Co.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Annapolis, Md.
STREET ADDRESS (If rural, give location) 324 Burnside St.

3. NAME OF DECEASED: (Type or Print) (First) JUANDA (Middle) LEE (Last) BURNS

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MAY 12, 1954

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months 7 Days 26
IF UNDER 24 HRS.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baby MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Burns

14. MOTHER'S MAIDEN NAME: Lois Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lois Russell (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Lenhardt. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 12/8/54 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REG. Dec. 7, 1954 REGISTRAR'S SIGNATURE H. O. Brunck

24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis Md.

2054 192 11

11079 11083

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 1092 Forest Drive (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Butler
4. DATE OF DEATH (Month) 12 (Day) 10 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M. | 8. DATE OF BIRTH: 10-5-1896 | 9. AGE Last birthday: 58 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Dentist | 10b. KIND OF BUSINESS OR INDUSTRY: Canal Stall Hotel | 11. BIRTHPLACE (State or foreign country): Annapolis, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: Mary Ellen Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: 216-22-2614 | 17. INFORMANT & ADDRESS: Dorthy Butler 1092 Forest Drive-Anna. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset and Death Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 12 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Ladd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 12/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-14-54 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Dec. 14, 1954 | REGISTRAR'S SIGNATURE [illegible] D. Brandt | 24. FUNERAL DIRECTOR William Feese, Jr. ADDRESS 1084 Washington St Annapolis, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND 11080 11084

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Weems Creek / Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural / Annapolis
STREET ADDRESS (If rural, give location): Weems Creek

3. NAME OF DECEASED (Type or Print): (First) HETTIE (Middle) E (Last) CADLE

4. DATE OF DEATH: (Month) DECEMBER (Day) 7, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dineing Room Supervision

10b. KIND OF BUSINESS OR INDUSTRY: General Hospital

11. BIRTHPLACE (State or foreign country): Mayo, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William D. Collison

14. MOTHER'S MAIDEN NAME: Cora Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 212-18-4352

17. INFORMANT AND ADDRESS: Mr Horace S. Cadle-Son- Ritchie, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 1 month

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Gallbladder — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1954, to Dec. 7, 1954, that I last saw the deceased alive on 12-7-54, 1954, and that death occurred at 9:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Martin, M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 12-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

DATE: Dec 10 54

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemet.

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Dec. 9, 1954

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

11085

MARYLAND 11081

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.G. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 300 Adams St.

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) B. (Last) Chance

4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 54

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married

8. DATE OF BIRTH 3-4-1896

9. AGE last birthday 58 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Calvert Co Md.

12. CITIZEN OF WHAT COUNTRY U. S. A

13. FATHER'S NAME Frank D. Hutchins

14. MOTHER'S MAIDEN NAME Mary Norfolk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Walter P. Chance (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis Cephalia — Interval Between Onset and Death: 1 wk.

Antecedent cause(s) (b) Rheumatoc Heart Disease — 1 year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — yrs

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23/, 1952, to 12/30, 1954, that I last saw the deceased alive on 12/30/1954, and that death occurred at 6.02 P. m., from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 1-5-55 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Dec. 31, 1954

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John W. Taylor & Son ADDRESS Annapolis Md.

RECEIVED
JAN 4 1915
BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11086

11109

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH PENCIL OR PEN. Supply every item of information called for. Be certain age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: a. a. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 324

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: a. a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville
STREET ADDRESS (If rural, give location): Box 324

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Cooper

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 19 54.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: 6/23/1885

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emmett Barnsley

14. MOTHER'S MAIDEN NAME: Frances Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John W. Cooper (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Lobar Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO: Generalized Arteriosclerosis — 1 year.

(c)

490X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18-54, 19..., to Dec 24-54, 19..., that I last saw the deceased alive on Dec 23-54, 19..., and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: John L. Bokey M.D. (DEGREE OR TITLE) ADDRESS: Odenton Md. DATE SIGNED: Dec 24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/27/54 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Glenburnie, Md.

DATE REC'D BY LOCAL REG. 1-3-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

11087

MARYLAND 11082

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
MARYLAND
LENGTH OF STAY (in this place) 1 D
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dreams Landing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennifer (Middle) Stuart (Last) Cox

4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12-14-54

9. AGE Last birthday yrs. | If under 1 year: Months | Days 9 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John T. Cox

14. MOTHER'S MAIDEN NAME Jaquelin Fame

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John T. Cox 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Bronchopneumonia	1 day
Antecedent cause(s) (b)	Congestive Heart Failure	1 day
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Congenital Heart Disease - Coarctation of Aorta	Birth

754.4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth, 19..., to 12/23, 19 54, that I last saw the deceased alive on 12/23, 19 54, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE [illegible] Physician (Degree or title) M.D. ADDRESS 95 Cathedral St DATE SIGNED 12/23/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE T 12-24-54 | NAME OF CEMETERY OR CREMATORY Hillcrest | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 24, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M Layle Sons ADDRESS Annapolis

20V4303395 Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11083

CERTIFICATE OF DEATH

11088

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: ANNAPOLIS, Md.
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. General 29 Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X— HARWOOD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) THOMAS (Middle) (Last) CREEK
4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 25, 1946
9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harwood Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John A. Creek
14. MOTHER'S MAIDEN NAME: Annie Simms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service): NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: ANNIE CREEK, HARWOOD, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) MULTIPLE ABSCESSES OF LIVER — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) PYLEPHLEBITIS (THROMBOPHLEBITIS OF PORTAL VEIN)
DUE TO (c) APPENDICITIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. anemia, dehydration, hypoproteinemia

19a. DATE OF OPERATION: 12-25-54
19b. MAJOR FINDINGS OF OPERATION: Appendicitis, ascites, enlarged liver, distended gall bladder
20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1954, to 12-28, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 4:30 A.M. 12-28-54 from the causes and on the date stated above.
SIGNATURE Jesse F. Wilkins (Degree or title) M.D. ADDRESS 232 Prince Geo. St. Annapolis Md. DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 30 54 — NAME OF CEMETERY OR CREMATORY Daniel Star — LOCATION (City, town) or county) West River, Md (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1954 — REGISTRAR'S SIGNATURE JJ - O'Donnell

24. FUNERAL DIRECTOR Hardesty Funeral Home — ADDRESS Galesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 11089

Item 21 Film G175 12-21-54 ams

STATE DEPARTMENT OF HEALTH

11084

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. Arundel — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md. — LENGTH OF STAY (In this place) one mo — HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY 19 Water St. Annapolis — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md — STREET ADDRESS (If rural, give location) Anne Arundel Co. Md.

3. NAME OF DECEASED (Type or Print): (First) Diane (Middle) (Last) Dears

4. DATE OF DEATH: (Month) Dec (Day) 11th (Year) 1954

5. SEX: f — 6. COLOR OR RACE: c — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH: Oct 29th 54 — 9. AGE last birthday: yrs. — If under 1 year: Months. 7 — Days 29 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): c — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Robert B. Dear — 14. MOTHER'S MAIDEN NAME: Anna May Dears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ? — 16. SOCIAL SECURITY NO.: — 17. INFORMANT—AND ADDRESS: mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9320

Immediate cause (a) pneumonia due to — Interval between onset and death: 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) exposure

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) 2 (COUNTY) (STATE)

TIME OF INJURY (Month) Dec (Day) 11 (Year) 1954 (Hour) 7a.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? (Child slept in his crib) exposed to cold in cold room

22. I hereby certify that I attended the deceased from 12-11, 1954, to 12-11, 1954, that I last saw the deceased alive on 12-11, 1954, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE Louis Roeller (Degree or title) M.D. ADDRESS 45 Franklin St. Annapolis Md DATE SIGNED 12-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12-13-54 — NAME OF CEMETERY OR CREMATORY Brewer Field — LOCATION (City, town, or county) Annapolis — (State) Md.

DATE REC'D BY LOCAL REG. Dec. 13 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR William Reese II (Annapolis, Md.) — ADDRESS 108 W. Washington St.

2004306345

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1109

11085 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Margarets
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Digge

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH: 3-4-1882
9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margie Hayes - Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis ? — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) Generalized Arteriosclerosis ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — ?

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

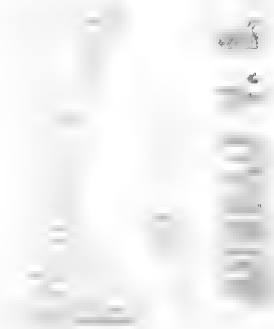
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/1954 to 12/24/1954 that I last saw the deceased alive on 12/24/1954, and that death occurred at 11 45 AM, from the causes and on the date stated above.

SIGNATURE Irma W. Shipley M. D. ADDRESS Annapolis Md DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-27-54
NAME OF CEMETERY OR CREMATORY Broad Neck
LOCATION (City, town, or county) (State) Skidmore, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 27, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR 108 State St. ADDRESS William Leese, II - Annapolis, Md.



MARGIN RESERVED FOR BINDING

carefully. The

MARYLAND

11091

STATE DEPARTMENT OF HEALTH

11110

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Manhattan Beach Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Anne Arundel Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) Donnelly

4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White		3-15-1882	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Elizabeth Clark
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Peter E Donnelly
14. MOTHER'S MAIDEN NAME Anne E Donnelly Manhattan Beach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Anne Arundel Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ... (b) 2 yrs (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10 ..., 1954, to 12-14 ..., 1954, that I last saw the deceased alive on 12-14 ..., 1954, and that death occurred at 7:05 P ...m., from the causes and on the date stated above.

SIGNATURE Thomas J Cole (Degree or title) ADDRESS Severna Park Md DATE SIGNED 12-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-17-54	New Cathedral Cem	Frederick Rd Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 16 54		Edward Tomlinson	Balto 30 Md

MARGIN RESERVED FOR BINDING

11111

11692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 24

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 East Solly Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shore Acres,
STREET ADDRESS (If rural, give location) P.O. Glen Burnie

3. NAME OF DECEASED: (Type or Print) (First) ALAN (Middle) VERNARD (Last) EDMUNDS

4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1914

9. AGE last birthday: 40 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: Autoware

11. BIRTHPLACE (State or foreign country): N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W. L. Edmunds

14. MOTHER'S MAIDEN NAME: Ruth Haisty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thurston W. Edmunds 3104 Savoy Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Gunshot wound of head	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY 100 E. Solly Rd.

21c. (City or town) Glen Burnie (County) Anne Arundel (State) Maryland

21d. TIME OF INJURY (Month) Dec. (Day) 30, (Year) 1954 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot himself.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Dec. 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-3-1955

NAME OF CEMETERY OR CREMATORY Lorraine Park

LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REG. Jan. 4, 1954

REGISTRAR'S SIGNATURE Louis J. DeAlba.

24. FUNERAL DIRECTOR ADDRESS C. Howard Strong 3207 W. North Ave.,

mat.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11086 11093

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 12 Randall St.

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) E. (Last) Fisher

4. DATE OF DEATH (Month) Dec. (Day) 6 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): | 8. DATE OF BIRTH: April 24, 1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ref Electrician | 10b. KIND OF BUSINESS OR INDUSTRY: Government | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Fisher | 14. MOTHER'S MAIDEN NAME: Florence Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Anna D. Fisher Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset and Death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE E. Jan Lordt M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 1-6-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): | DATE THEREOF ~~12-9-54~~ | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 9, 1954 | REGISTRAR'S SIGNATURE J. D. Council | 24. FUNERAL DIRECTOR John W. Sayler Sons | ADDRESS Annapolis Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

11094

MARYLAND 11087

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 1
STREET ADDRESS (If rural, give location) 312 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) V. (Last) Garner
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3-28-1879
9. AGE last birthday: 75 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): A A Co Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Mayo
14. MOTHER'S MAIDEN NAME: Mary E. Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hilda Abbott Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — continuous

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

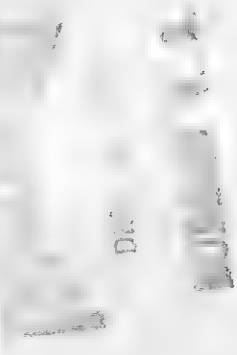
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1954, to 12-10, 1954, that I last saw the deceased alive on 12-10, 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edward L Beck MD 41 Southgate Ave, Annapolis 12-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town or county) | (State)
12-13-54 | Cedar Bluff Cemt | Annapolis | Md

DATE REC'D BY LOCAL REG. Dec. 13, 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
John W. Sayles Sons Annapolis Md.



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12063

11112 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville
LENGTH OF STAY (in this place) 17 yrs. 5 mos. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1412 Brunt Street

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) (Last) Garrett
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Widowed	1900?	54? yrs.	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk.	Paper Factory	Georgia	U. S.

13. FATHER'S NAME: Wash Howard
14. MOTHER'S MAIDEN NAME: Eliza Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Chronic Myocarditis	2 yrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
— — — — —	— — — — — — — — — — — — — — — — — —	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — — — —	— — — — — — — — — — — —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
— — — — — — — — — M.		— — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/6, 19 52 to 12/27, 19 54 that I last saw the deceased alive on 12/27, 19 54, and that death occurred at 11:00a M, from the causes and on the date stated above.

SIGNATURE Stephen E. Kramer M. D. ADDRESS Crownsville, Md. DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/11/55	University of Maryland Medical School	Balto. City

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 11, 1955	Catherine M. Joyce	Mrs Hensly	578 W. Biddle St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JAN
BUREAU
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11095

11113 CERTIFICATE OF DEATH Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn 5
STREET ADDRESS (If rural give location) 213 Creswell Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) G (Last) Golden
4. DATE OF DEATH: (Month) Dec (Day) 30/54 (Year) 19
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 11 1914
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY: trucking co
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Golden
14. MOTHER'S MAIDEN NAME: Margaret Frohs
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) World II
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Edith Kearns 1946 Annapolis Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) DUE TO Coronary Occlusion Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary Artery Disease — 2 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on 12/30, 1954, and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE John P. Ulrich Jr (Degree or title) MD ADDRESS 1227 Wash Blv'd DATE SIGNED 12/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Jan 5/55
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Glenburnie (State)

DATE REC'D BY LOCAL REGISTRAR 1/3/55
REGISTRAR'S SIGNATURE Ida M. Whitson
24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road

mnt.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1955
BUREAU V. S.

Correction

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11114

CERTIFICATE OF DEATH

Reg. Dist. No. 22

12-27-54

Items 8,9, Film C177 2-15-55 et

1. PLACE OF DEATH: Ha & A. Co

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darney

LENGTH OF STAY (in this place) 4 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Florida COUNTY 48

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradenton X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) Henry Louis (Last) Hahne

4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-15-77

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: merchandiseman

10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Hanover Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James A. Tackett, Darney, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 4321	(a) Ac. Congestive Cardiac Failure	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypotension + Myocardial Insuff.	6 mos.
	DUE TO (c) Recurrent Cardiac asthma	1 yr.
11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditlon causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1954, to Dec. 26, 1954, that I last saw the deceased alive on 12/26/54, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Frank Shipley, M.D. (Degree or title) ADDRESS Savage, Md. DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 28 1954 — NAME OF CEMETERY OR CREMATORY Western Cemetery — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Dec 27 54 J. W. Fox

24. FUNERAL DIRECTOR C. Wm. Donaldson, Laurel, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11096

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 500 State Circle

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frederick (Last) HARMON

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-4-69

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F HARMON

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1897-1919

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis, involving coronary and cerebral arteries # 334 420.1 — Indef.

ANTECEDENT CAUSE (B) DUE TO Bronchopneumonia #763

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1954, to 12-29, 1954, that I last saw the deceased alive on 12-29, 1954, and that death occurred at 10:05 M, from the causes and on the date stated above.

SIGNATURE R.R. TOXON LCDR MC USN M. D. ADDRESS USNH, Annapolis, Md. DATE SIGNED 12-30-54

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) DATE THEREOF 1-3-55 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 31, 1954 REGISTRAR'S SIGNATURE M. D. Council

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

JAN 4 1955

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11097

11115 CERTIFICATE OF DEATH

Reg. Dist. No. 23

Item 7, Film G175 12-23-54 et

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glen Burnie X
LENGTH OF STAY (in this place) 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Manor X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2V
STREET ADDRESS (If rural give location) 1427 E. Biddle St. √

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Harris
4. DATE OF DEATH (Month) Dec. (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	C.	Divorced	Nov. 5, 1885	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retire labor.
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Long Green, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Harris
14. MOTHER'S MAIDEN NAME: Martha Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown.
17. INFORMANT & ADDRESS: Dora Banks — 1 Villa ... Towson, ...

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Carcinoma of left lung	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Right hemiparesis	?
	DUE TO (c) Cardio vascular diseases	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23/54 19 12/ to 12/13/54 19 , that I last saw the deceased alive on 12/8/54, 19 , and that death occurred at 1.30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Gustav K. Bauer M.D.
ADDRESS Glen Burnie, Md.
DATE SIGNED 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/15/54
NAME OF CEMETERY OR CREMATORY Pleasant Rest
LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REGISTRAR 12-16-54
REGISTRAR'S SIGNATURE C. W. Sodeck
24. FUNERAL DIRECTOR Wm. T. Shatmer, Jr. — 1731 McCulloh
ADDRESS

T

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11088

11098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 24 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 46 Parole Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 46 Parole Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) PERNELL (Last) HICKS
4. DATE OF DEATH (Month) (Day) (Year): 12/23/1954 19

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 4/27/1893
9. AGE last birthday: 61 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Ruth Chambers-Hicks Ave. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-Vascular Disease — 6 mo
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22/54, 19..... to 12/23/54, 19....., that I last saw the deceased alive on 12/23/54, 19..... and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Theodore A. Johnson M.D. ADDRESS: 37 Bokar Ave Annapolis Md DATE SIGNED: 12/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/25/1954 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): West St. Annapolis, Md.

DATE REC'D BY LOCAL REG.: Dec 24, 1954 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Sylvia Hicks-45 Northwest St. Annapolis

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11099

11116 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 1012 Nursery Place

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 4/1/97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: — — —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 788.0

(A) Severe dehydration and exhaustion

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Pt. admitted at 3:30 p.m. in a moribund condition

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — — — —

19B. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — — — — —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) — — — — — — — — —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? — — — — — — — — —

22. I hereby certify that I attended the deceased from 12/1, 19 54 to 12/1, 19 54 that I last saw the deceased alive on 12/1, 19 54, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE L. Benedict, M. D. M.D.

ADDRESS Crownsville, Md.

DATE SIGNED 12/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Medical service

DATE THEREOF 12/5/54

NAME OF CEMETERY OR CREMATORY University Hospital

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 12/8/54

REGISTRAR'S SIGNATURE E. M. Joyce

24. FUNERAL DIRECTOR J. A. Pumphrey

ADDRESS 574 Eutaw St

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11100

CERTIFICATE OF DEATH

11089 Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 Burnside St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A A

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 1

STREET ADDRESS (If rural, give location) 511 Burnside St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	CONRAD	JARRELL	Dec	30	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	2-10-1914	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auto Dealer	Auto Dealer	Goldsboro Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Jarrell	Sarah E. Prichett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Edna H. Jarrell (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic Heart Heart Disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute Rheumatic Fever

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Dec 19, 1954, to Dec 30, 1954, that I last saw the deceased alive on Dec 23, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Waverly S. Green, Jr.	M.D. 90 Cathedral St., Annapolis, Md.	Dec 30, 1954

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-31-54	Greensboro Cemt	Greensboro	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 31, 1954	J. D. Brunel	John M. Taylor & Son	Annapolis Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **11101**

11117 CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 3 yrs. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 1883? | 9. AGE last birthday 71? yrs. | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Worker | 10B. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: M. Jones | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war, or dates of service) Unk. | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Heart failure — 5 days

ANTECEDENT CAUSE (B) DUE TO — Known to us since 12/5/54

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Myocarditis

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arteriosclerosis — Known to us since adm. 8/6/51

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/6/ , 19 51 to 12/10 , 19 54 that I last saw the deceased alive on 12/10 , 19 54, and that death occurred at 10:45 a.m. M, from the causes and on the date stated above.

SIGNATURE A. Benedict M.D. | ADDRESS Crownsville, Md. | DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF 12/15/54 | NAME OF CEMETERY OR CREMATORY Dover Cem. | LOCATION (City, town, or county) (State) Dover Del.

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR James B. Bashiell Easton, Md. | ADDRESS

11118 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11102

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O. Pasadena; MARYLAND; LENGTH OF STAY (In this place): 40 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8026 Fort Smallwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same; STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print): (First) Luke (Middle) Kelly (Last)

4. DATE OF DEATH (Month) (Day) (Year): 12/27/54

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 11/29/75 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake Kelly | 14. MOTHER'S MAIDEN NAME: Mary Virginia Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Edna Carruthers (daughter), 435 Fremont St. Baltimore 25

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) General Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Luckard K. Faulenbach | (Degree or title): Deputy Medical Examiner. | ADDRESS: Glen Burnie, Md. | DATE SIGNED: 12/28/54

DISPOSITION (Burial, Cremation, Removal, Specify) | DATE THEREOF: 12-30-54 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG.: 12-29-54 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Jas. L. McCleary | ADDRESS: 130 E. Fort Ave.

US A16A

MARYLAND STATE DEPARTMENT OF HEALTH

11119

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11103

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Annapolis | LENGTH OF STAY (In this place) 18 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonnada Rd Sunset Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Kennedy
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1954
5. SEX: 1
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/3/61
9. AGE last birthday: 93 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Atlantic Ocean - vessel in route
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DEACON.
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No.
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Mr. John Kennedy Son-in-law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Debility — Interval Between Onset and Death: ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accidental ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lawrence A. Fowler M.D. Coroner Medical Examiner Millersville, Md. 12/20/54

BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF DEC 22 1954 | NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM | LOCATION (City, town, or county) OLD FREDERICK RD MD (State)

DATE REC'D BY LOCAL REG. 12-21-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS: Duffel Bro 7110 BELAIR RD.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 21f Film G174 12-13-54 aus

11104

MARYLAND STATE DEPARTMENT OF HEALTH

11120

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (In this place): 28 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shoreland Drive Point Pleasant.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Alexander (Last) Klein

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3rd. 195[illegible] 19

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/1/99

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Klein

14. MOTHER'S MAIDEN NAME: Mary Voll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. U.S.N. 1918

16. SOCIAL SECURITY No.: 213-10-5322

17. INFORMANT AND ADDRESS: Mrs. Nellie Thompson, (wife.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon monoxide poisoning. — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Furnace Branch Rd. (CITY OR TOWN) Glen Burnie (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Laying down under a truck nose closed to exhaust pipe.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Garland N. Fuchs M.D. (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie Md. DATE SIGNED: 12/4/54

BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE THEREOF: 12-7-54 NAME OF CEMETERY OR CREMATORY: Glen Haven LOCATION (City, town, or county) (State): Dahlia

DATE REC'D BY LOCAL REG.: 12-6 54 REGISTRAR'S SIGNATURE: R W Hebert

24. FUNERAL DIRECTOR: J. L. McCurry ADDRESS: 130 E. Fort Ave.

US. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11105 26

11121 CERTIFICATE OF DEATH

Reg. Dist. No. 2-11-...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CEDARHURST
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CEDARHURST
STREET ADDRESS (If rural give location) LAKE AVE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) NICOLIS (Last) KUTOLAS

4. DATE OF DEATH: (Month) DEC (Day) 27 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT-10-

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT OWNER

11. BIRTHPLACE (State or foreign country): GREECE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICOLIS KUTOLAS

14. MOTHER'S MAIDEN NAME: UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: LULA E. KUTOLAS.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

IMMEDIATE CAUSE (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) 1. Sub acute bacterial endocarditis — 4 years.

DUE TO (C) 2. Mitral stenosis. — 15 years

3. Chronic glomerulonephritis — 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Dec, 1954 to 27 Dec, 1954 that I last saw the deceased alive on Dec 27, 1954 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE Attending Physician was On Duty Washington M. D. ADDRESS 710 Kenilworth Shadyside, Md DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 12-30-54

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, Town, or County) (State): Suitland, Md

DATE REC'D BY LOCAL REGISTRAR: Dec. 28-54

REGISTRAR'S SIGNATURE: Asst. Local Registrar Carrie F. Campbell

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co. ADDRESS: Wash., D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11106

11122 CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN GLEN BURNIE — LENGTH OF STAY (in this place) 26 OCT 1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Mana Nursing Home, Box 376-A, RT 2, Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO. CITY.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural give location) 1115 E. Monument St.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) LANGLEY
4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 19 54
5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 18 Nov. 1872
9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Malcolm Howe (dec.)
14. MOTHER'S MAIDEN NAME: Rachael Green (dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Mary Milbourne (niece) 1115 E. Monument St Balto, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Respiratory & esophageal obstruction	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of Thyroid	6 months
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General debility, glaucoma, cataracts, C.V.A. disease.	1 yr

19a. DATE OF OPERATION: July 1954
19b. MAJOR FINDINGS OF OPERATION: Biopsy of Thyroid = carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1954, to present, 19....., that I last saw the deceased alive on Dec. 8, 1954, and that death occurred at 3:05 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hubert F. Mamczak	M.D.	901 Edgerly Rd, Glen Burnie, Md	12-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-20-54 — NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL — LOCATION (City, town, or county) 5501 FREDERICK AVE (State)
DATE REC'D BY LOCAL REGISTRAR 12-17-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Joseph D. Locke, Jr. — ADDRESS 1304 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11107

11123 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville; LENGTH OF STAY (in this place) 5yrs.7mos.24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; STREET ADDRESS (If rural give location) 303 Delaware Avenue

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) (Last) Long

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 7/23/89 | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months — Days — | IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Various | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk. | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4220.1

IMMEDIATE CAUSE (A) Chronic Myocarditis

ANTECEDENT CAUSE (B) DUE TO Known to us since

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized Arteriosclerosis 7/5/49

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY Ooccur? —

22. I hereby certify that I attended the deceased from 7/5/ ..., 1949, to 12/29.., 1954, that I last saw the deceased alive on 12/29/, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE L. Benedict, M. D. M. D. | ADDRESS Crownsville, Md. | DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan 1, 1955 | NAME OF CEMETERY OR CREMATORY Bivins Cem | LOCATION (City, town, or county) (State) Crownsville Md.

DATE REC'D BY LOCAL REGISTRAR 12-29-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Booker W. Queen ADDRESS Salisbury, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1955
BUREAU V

11108

MARYLAND 11090

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Genl Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) ~~Franklin Street~~ 41 Murray Ave

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) M. (Last) MARTIN
4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4/25/1868
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BETHLEHEM PA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Dailey
14. MOTHER'S MAIDEN NAME: Sophie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: James J Nolan Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4517

Immediate cause (a) Mesenteric Thrombosis — 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Atherosclerosis, Abdominal Aorta — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver, Splenomegaly, Cholelithiasis — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J Nolan MD Baltimore Maryland 12/17/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 12-20-54 — NAME OF CEMETERY OR CREMATORY St Annes — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Dec. 20, 1954 — REGISTRAR'S SIGNATURE H. O. Brandt

24. FUNERAL DIRECTOR — ADDRESS John M. Taylor Sons Annapolis Md.

MARGIN RESERVED FOR BINDING

11091

11109

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. - 1
STREET ADDRESS (If rural, give location) Millersville, Md.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) C. (Last) Mason

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1954

5. SEX Female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 11-20-1874

9. AGE last birthday 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Newman Clark

14. MOTHER'S MAIDEN NAME Elizabeth Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS James Mason - Millersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio - Vascular Renal — Interval Between Onset and Death: Yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C decompensation — 2 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14 ..., 1954., to 12/16 ....., 1954., that I last saw the deceased alive on 12/16 ..., 1954 and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harriet K Simms M.D. Annapolis Md 12/18/54

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial 12-1954 Mt Tabor Chesterfield, Md.

DATE REC'D BY LOCAL REG. Dec. 18, 1954 | REGISTRAR'S SIGNATURE H. O. Council

24. FUNERAL DIRECTOR William Green & Son ADDRESS 198 Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11110

CERTIFICATE OF DEATH

11121

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN GAMBRILLS X
LENGTH OF STAY (in this place) 75 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS M, Hersville - Odenton Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBRILLS X
STREET ADDRESS (If rural give location) MILLERSVILLE-ODENTON-ROAD

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
HENRIETTA - MC.		MAYNARD	DEC.	17	1964

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	widow	DEC. 18-1864	89 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK	OWN-HOME	BALTIMORE - Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOSEPH - FOLLANSBEE	HENRIETTA - WEBB

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	NONE	FOSTER-C-MAYNORD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Generalized Carcinomatosis DUE TO	3 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Adeno carcinoma of Breast DUE TO	6 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..... ,1946., to Dec. 17 , 1954, that I last saw the deceased alive on Dec 16 , 1954, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward J Obenschatt	M.D.	Gambrills Md	12-17-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
BURIAL	12/20/54	St. Stephens Episcopal Church Cem	Anne Arundel Co, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
December 18, 1954	Katherine M. Joyce L. J. D'Alba, Asst	R.V. Singleton - Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 11125

11111

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEALE BEACH | LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neale Beach
STREET ADDRESS (If rural, give location) 7th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EVA	BELLE	MILLER	Dec.	31	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	Aug 13 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Penn.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Wple	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	No	William F. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of bladder & Metastasis to bones, spinal Column and brain	2+ years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12/5/54, 19..., to 12/31, 1954, that I last saw the deceased alive on 12/30, 1954, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Franklin O'Hendrick	M.D.	Shadyside, Maryland	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 1-1955	Mt Olivet Cemetery	Wash	D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/31/54	Emi Kurt Williams	W. M. Chambers D C	517 11th St SE Wash D C

11112

MARYLAND 11092

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 146 Prince George

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) C. (Last) Moss

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write) Widower

8. DATE OF BIRTH 5-14-1874

9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor

10b. KIND OF BUSINESS OR INDUSTRY Carpenter (Home)

11. BIRTHPLACE (State or foreign country) A. A. C. Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Robert L. Moss

14. MOTHER'S MAIDEN NAME Alice C. Weedon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Margaret B. Moss (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Bronchogenic carcinoma (cl)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/27/54

19b. MAJOR FINDINGS OF OPERATION Bronchoscopy — biopsy showed bronchogenic carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 41, to Dec 16, 19 54, that I last saw the deceased alive on Dec 16, 19 54, and that death occurred at 435A m., from the causes and on the date stated above.

SIGNATURE J. Bowers (Degree or title) M.D ADDRESS Annapolis Md DATE SIGNED 12/17/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 12-18-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 18, 1954 REGISTRAR'S SIGNATURE H. C. Council

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11093 **CERTIFICATE OF DEATH** Reg. Dist. No. 11113

1. PLACE OF DEATH.
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Annapolis, Md.
STREET ADDRESS (If rural give location) Rt #1 Box #99

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Lucretia (Last) MUMFORD

4. DATE OF DEATH. (Month) December (Day) 2 (Year) 1954

5. SEX: F | 6. COLOR OR RACE. Cauc. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: 8-1-68 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Oregon | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Fletcher ROYAL

14. MOTHER'S MAIDEN NAME: Mary Ann STANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: USNH Annapolis, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-11X

IMMEDIATE CAUSE (A) Suppurative Bronchopnuemonia #491

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 wks -+-

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1954, to 12-2, 1954, that I last saw the deceased alive on 12-2, 1954., and that death occurred at 2:04 PM, from the causes and on the date stated above.

SIGNATURE James L. Hodges | ADDRESS M. D. USNH, Annapolis, Md. | DATE SIGNED 12-2-54

23. ~~BURIAL~~, CREMATION, REMOVAL (~~SPECIFY~~) | DATE THEREOF 12-4-54 | NAME OF CEMETERY OR CREMATORY Park Hill Cemt | LOCATION (City, town, or county) Vancouver (State) Washington

DATE REC'D BY LOCAL REGISTRAR Dec. 4, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Taylor Funeral Home | ADDRESS Annapolis Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11114

11126 CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3/Helen Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
STREET ADDRESS (If rural give location) 3 Helen Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) SOLLERS PARRAN

4. DATE OF DEATH: (Month) (Day) (Year) 12/24/54 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 5/14/99

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mech.

10B. KIND OF BUSINESS OR INDUSTRY: B.T.C.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SOLLERS

14. MOTHER'S MAIDEN NAME: Martha Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Acute Pulmonary edema — 1 hours

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953 to Dec 24, 1954 that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 4:40 P. M, from the causes and on the date stated above.

SIGNATURE J Earl Passe M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED 12-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF 12/28/54

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 12-27-54

REGISTRAR'S SIGNATURE C. N. Hedrick Jr

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11115

11094

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH:
COUNTY A.A Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME CONVALESCENT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 1317 WEST ST

3. NAME OF DECEASED: (First) MICHAEL (Middle) Mikolaj (Last) PASTERNAK
4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 19 54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: DEC 20, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Retired 25 YRS
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? POLAND
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: JOSEPH R. PASTERNAK 517 S. Montford Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Cardio-Vascular Disease — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1954 to 12-19-1954, that I last saw the deceased alive on 12-19-, 1954 and that death occurred at 3:20 p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Annapolis, Md DATE SIGNED 12/19/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF Dec 22, 1954
NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS
LOCATION (City, town, or county) (State): 1300 Dundalk Ave
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: George R. Weber ADDRESS 705 E. Ann St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND 11127

11116

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MINERVA (Middle) A (Last) PHIPPS

4. DATE OF DEATH: (Month) DECEMBER (Day) 2 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 1, 1875

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Prince George, County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Hook

14. MOTHER'S MAIDEN NAME: Annie Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----

(If year, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Mrs. Clara M Howard, Daughter- Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 10 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1946, to Dec 2, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. J. Thewett M.D — ADDRESS: Gambrills Md — DATE SIGNED: 12-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-4-54 — NAME OF CEMETERY OR CREMATORY: St. Stephens Cemetery — LOCATION (City, town, or county) (State): Gambrills, Maryland

DATE REC'D BY LOCAL REG.: 12-4-54 — REGISTRAR'S SIGNATURE: K M Joyce

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

11095 11117

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
MARYLAND
LENGTH OF STAY (In this place): 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marley, Glen Burnie
STREET ADDRESS (If rural, give location): 101 Greenway

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) PLEWS Jr.

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 4, 1954

9. AGE last birthday: 0 yrs. If under 1 year: Months 8, Days 18, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Albert Plews, Sr.

14. MOTHER'S MAIDEN NAME: Catherine Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Albert Plews Sr. Father, Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Severe dehydration + electrolyte disturbance	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) diarrhea	1 wk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19, 1954, to 12/20, 1954, that I last saw the deceased alive on 12/20, 1954 and that death occurred at 2.35 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Neil K. Sims, MD ADDRESS: 95 Cathedral St. Annapolis, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 23, 1954
NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery
LOCATION (City, town, or county) (State): Howard County, Maryland

DATE REC'D BY LOCAL REG.: Dec. 22, 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: Hopping and Kirkley Funeral Home Glen Burnie, Maryland

2144276445

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11118

11128

Item 8, Film G176 2-8-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Margretts
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Margretts
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Vernon (Middle) Asbury (Last) Porter

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: Colore | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Aug. 26 1912 | 9. AGE last birthday: 41 42 yrs. | IF UNDER 1 YEAR: Months 11, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): A. A. Co | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Porter | 14. MOTHER'S MAIDEN NAME: Kate Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 216-05-5062 | 17. INFORMANT & ADDRESS: Bessie Porter Arnold. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Congestive Hl Failure — INTERVAL BETWEEN ONSET AND DEATH: Several hrs.

ANTECEDENT CAUSE (B) DUE TO Chronic Myocarditis — 3 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1954, to 12-8, 1954 that I last saw the deceased alive on 12-8, 1954, and that death occurred at 6 1/2 M, from the causes and on the date stated above.

SIGNATURE Jay W Allen M. D. | ADDRESS 10 carroll | DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 12/54 | NAME OF CEMETERY OR CREMATORY Broadneck | LOCATION (City, town, or county) (State) St. Margretts Md

DATE REC'D BY LOCAL REGISTRAR Dec. 10, 1954 | REGISTRAR'S SIGNATURE H. O. Council | 24. FUNERAL DIRECTOR J B Tilmon | ADDRESS Annapolis

MARYLAND 11096

11119

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 12
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Generals Hgwy.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Coleman (Last) Rogers

4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH 1/3/1885

9. AGE Last birthday 69 yrs. If under 1 year Months. If under 1 year Days. If under 24 hrs. Hours. If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) New York City

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Archibald Rogers

14. MOTHER'S MAIDEN NAME Anna C. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Archbald C. Rogers Riverview Ave W. Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemothorax — Interval Between Onset and Death 10 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchogenic Carcinoma — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Gastritis

19a. DATE OF OPERATION Sept. '54

19b. MAJOR FINDINGS OF OPERATION Bronchogenic Ca.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to 12/31, 1954, that I last saw the deceased alive on 12/31/54 19....., and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley M.D. Annapolis 12/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 12/6/54 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REG. Dec. 5, 1954

REGISTRAR'S SIGNATURE J. C. Brown

24. FUNERAL DIRECTOR ADDRESS John M. Taylor Son Annapolis Md.

MARGIN RESERVED FOR BINDING

11120

MARYLAND 11097

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; MARYLAND; LENGTH OF STAY (in this place): 3 Hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Annapolis Gener l Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md.; COUNTY: A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenland Beach; STREET ADDRESS (If rural, give location): 8234 Ft. Smallwood Rd.

3. NAME OF DECEASED (Type or Print): George (First) E. (Middle) Rueschman (Last)

4. DATE OF DEATH: Dec. (Month) 5 (Day) 1954 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 9, 1889

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rueschman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 211-09-8488

17. INFORMANT AND ADDRESS: Mrs. Wm. Tayman 8234 St. Smallwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion; Myocardial Infarct — 2-3 Hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 DEC ..., 1954, to 5 DEC, 1954, that I last saw the deceased alive on 5 DEC ..... 1954, and that death occurred at 1:25 P m., from the causes and on the date stated above.

SIGNATURE: Edward A Beck (Degree or title): MD ADDRESS: 11 SOUTHGATE AVE ANNAPOLIS DATE SIGNED: 5 DEC 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 12/8/54 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county): A.A. Co. (State): Md

DATE REC'D BY LOCAL REG.: 12-8-54 | REGISTRAR'S SIGNATURE: W. Hebert DMR | 24. FUNERAL DIRECTOR: George J Gonce | ADDRESS: 4001 Ritchie Hwy Balto 25

MARGIN RESERVED FOR BINDING

11129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11121

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Sycamore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore, Md.
STREET ADDRESS (If rural, give location) 213 Sycamore Rd.

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) C. Schmincke (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 12/6/54 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/25/88

9. AGE last birthday: 6 6 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jess Della

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Mrs. Anna Milley 211 Sycamore Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of L. Breast

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4, 19 54 to 12/6, 19 54, that I last saw the deceased alive on 12/6/54 19, and that death occurred at 10 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 203 Baltimore ave 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/9/54 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 12-8-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS: JOHN F. DANNY, INC. 715 Light t.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11122

11130

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Shadyside LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Shadyside

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) # 2 (Last) Scott

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 12-27-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 10 Mins

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Thomas Scott

14. MOTHER'S MAIDEN NAME: Olivia Mae Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father Wilson Scott Shadyside Md

18. MEDICAL CERTIFICATION

a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 10 mins

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....,19...., to 12-27, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 7:27 a.m. from the causes and on the date stated above.

SIGNATURE Jesse W Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 12-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-27-1954 NAME OF CEMETERY OR CREMATORY Family Lot LOCATION (City, town, or county) (State) Shadyside, Md

DATE REC'D BY LOCAL REGISTRAR Dec. 27, 1954 REGISTRAR'S SIGNATURE J. B. Dent.

24. FUNERAL DIRECTOR Wilson T Scott (Father) ADDRESS

U.S. A15

11-4329993

MARYLAND 11098

STATE DEPARTMENT OF HEALTH 11123

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place): 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Annapolis
STREET ADDRESS (If rural, give location): Rt. 4 Box 859

3. NAME OF DECEASED (Type or Print): FLETCHER (First) WATSON (Middle) SEARS (Last)

4. DATE OF DEATH: DECEMBER (Month) 11, (Day) 19 54 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1898

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector (Gov.)

10b. KIND OF BUSINESS OR INDUSTRY: Navy Gun Factory

11. BIRTHPLACE (State or foreign country): South River, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward C Sears

14. MOTHER'S MAIDEN NAME: Mary A Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-09-4591

17. INFORMANT AND ADDRESS: Mrs Thelma A. Sears- Wife- Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Myocardial Infarction — Interval between onset and death: ½ hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Coronary Occlusion — Interval between onset and death: 1 hr.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1954, to Dec. 11, 1954, that I last saw the deceased alive on Dec. 11, 1954, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Fletcher M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 12-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec. 14 54

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Dec. 13, 1954

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Ben L Hopping and Son ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

11131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11124

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenock
LENGTH OF STAY (in this place) 94 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Shepherd

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1860

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Glenock, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Shepherd

14. MOTHER'S MAIDEN NAME: Priscilla Avery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virginia Wagner, Lisbon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC FAILURE	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CV Disease	6 yrs
	(c) Pulmonary Edema	48 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to 24 Dec., 1954, that I last saw the deceased alive on 24 Dec., 1954, and that death occurred at 10 05 A.M., from the causes and on the date stated above.

SIGNATURE: R B Jason (Degree or title) MD ADDRESS: Upper Marlboro Md DATE SIGNED: 24 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 27, 1954 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary | LOCATION (City, town, or county) (State): Glenock, Md.

DATE REC'D BY LOCAL REG.: 12-24-54 | REGISTRAR'S SIGNATURE: Ernest Williams

24. FUNERAL DIRECTOR: T. A. Hardesty & Son ADDRESS: Galesville, Md.

VS. A15

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11132

CERTIFICATE OF DEATH

11125

Reg. Dist. No.....

Item 12, Film 174 12-13-54 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel, MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Mayo Vista

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cottage Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo Vista

STREET ADDRESS (If rural, give location): Cottage Drive

3. NAME OF DECEASED: (Type or Print) (First) BABETTE (Middle) MARGARET (Last) SLOMAN

4. DATE OF DEATH: (Month) DEC (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-7-69

9. AGE (Last birthday): 85 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Steckfuss

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident	8 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic Heart Disease	?
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 19.54, to Dec. 4, 19.54, that I last saw the deceased alive on Dec. 4, 19.54, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Waverly S. Green Jr. M.D. Severna Park, Md Dec. 4, 1954

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12/8/54 NAME OF CEMETERY OR CREMATORY Sweet's LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 12-6-54 REGISTRAR'S SIGNATURE A W Roberts

24. FUNERAL DIRECTOR Jas. L. McCeney ADDRESS 130 S. Fort Lane.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11126 21

11133

CERTIFICATE OF DEATH

Reg. Dist. No. 442

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Edgewater, Md.
LENGTH OF STAY (in this place) 13 y
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Edgewater, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) -- (Last) Stanford

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug. 4, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Sykes

14. MOTHER'S MAIDEN NAME: Jan Mallalieu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: CHARLES STANFORD EDGEWATER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s). Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 15 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1954, to Dec. 1, 1954 that I last saw the deceased alive on Dec. 1, 1954, and that death occurred at 2.30 p.m., from the causes and on the date stated above.

SIGNATURE, (Degree or title) Vincent Gomez, M.D. ADDRESS Mayo, Md. DATE SIGNED Dec. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 12/4/54 | NAME OF CEMETERY OR CREMATORY NATIONAL MEM. PARK | LOCATION (City, town, or county) (State) FALLS CHURCH VA.

DATE REC'D BY LOCAL REGISTRAR Dec. 2, 1954 | REGISTRAR'S SIGNATURE Carrie F. Campbell Wm. J. French mnl.

24. FUNERAL DIRECTOR J. Wm. Lee Son & Co. ADDRESS 300 4½ St. N.E. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11127

11134

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 3 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 1621 N. Calhoun Street

3. NAME OF DECEASED: (Type or Print) (First) Horatio (Middle) (Last) Stanton

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6/18/05

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Stanton

14. MOTHER'S MAIDEN NAME: Gertrude Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — Known to us since adm. 8/26/54

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 19 54 to 12/15, 19 54 that I last saw the deceased alive on 12/15, 19 54, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Crownsville, Md. DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-19-54 — NAME OF CEMETERY OR CREMATORY Arlington — LOCATION (City, town, or county) (State) md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR George G. Nelson — ADDRESS 1303 Pennsylvania

11128

MARYLAND 11099

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 75 Franklin Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) H (Last) STINCHCOMB Sr

4. DATE OF DEATH: (Month) DEC (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1886

9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Water Dept. City of Annapolis

11. BIRTHPLACE (State or foreign country): Severn, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Stinchcomb

14. MOTHER'S MAIDEN NAME: Henrietta Stinchcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Flora G. Stinchcomb- Wife- Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1954, to Dec 12, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Waverly S. Green, Jr. — ADDRESS: Severna Park, Md — DATE SIGNED: Dec 12, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-15-54 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Dec. 13, 1954 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

FOR BINDING

11100 11150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1013 Edmondson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) Douglas (Last) Stringfellow
4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	colored	M	June 22, 1931	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Porter	Store	Union, S.C.	

13. FATHER'S NAME: David J. Hayden
14. MOTHER'S MAIDEN NAME: Daene Feaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	Korean	246-42-8824	Alice Stringfellow Rt. 4 Union, S.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Respiratory paralysis	15 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral edema	10½ hrs. injury
DUE TO		
	(c) Contusion, cerebral	Dr. of

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture, mandible, left, with bleeding

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY highway	21c. (City or town) (County) (State) Route 301 A.A.Co. Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 25 1954 6 45 A.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Driver of automobile which struck pole

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Merton T. Wantz M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 12/25/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-4-55	Corinth	Union

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-31-54	A W Hedrick	William Reese Jr.	108 N. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11131

MARYLAND STATE DEPARTMENT OF HEALTH

11135 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup; LENGTH OF STAY (In this place): 9 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 1 Box #418

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup; STREET ADDRESS (If rural, give location): Route 1 Box #418

3. NAME OF DECEASED (Type or Print): (First) MARGERET (Middle) BELLE (Last) STRIPLING

4. DATE OF DEATH: (Month) December (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 12/89

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Mooney

14. MOTHER'S MAIDEN NAME: Mary Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Myrtle Smith Route 1 Box #418 Jessup, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma OF LARGE BOWEL — Interval Between Onset and Death: 2½ YRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTASES TO PELVIC ORGANS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 MAY, 1954, to 31 DEC, 1954, that I last saw the deceased alive on 31 DEC, 1954, and that death occurred at 545 P.M., from the causes and on the date stated above.

SIGNATURE: George E Gorleau (Degree or title) MD ADDRESS: Elkridge 27, Md DATE SIGNED: 31 Dec 54 MD

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: January 4, 1955

NAME OF CEMETERY OR CREMATORY: Hillside Cemetery

LOCATION (City, town, or county) (State): Purcell, Oklahoma

DATE REC'D BY LOCAL REG.: January 4, 1955

REGISTRAR'S SIGNATURE: Clara Hachup

24. FUNERAL DIRECTOR: R.V. Singleton ADDRESS: Glen Burnie, Md.

L. D'Alba mat.

VS. A15

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JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11132

11136 # CERTIFICATE OF DEATH Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Arkansas COUNTY Craighead
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jonesboro
STREET ADDRESS (If rural give location) 1200 Haven

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) -- (Last) STULL

4. DATE OF DEATH: (Month) (Day) (Year) 27 December 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: 26 December 1954 | 9. AGE last birthday: -- yrs. | IF UNDER 1 YEAR: Months -- Days -- | IF UNDER 24 HRS: Hours 17 Min. --

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10B. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Edward Stull, Jr.
14. MOTHER'S MAIDEN NAME: Georgenia Lurene Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -- -- | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Father-Headquarters, ARDC, Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

J.A.O.

IMMEDIATE CAUSE (A) Pulmonary Atelectasis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Anoxia DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Dec, 1954, to 27 Dec, 1954, that I last saw the deceased alive on 27 December 1954, and that death occurred at 1125 M, from the causes and on the date stated above.

SIGNATURE Thomas A. Cook Jr Capt MC
THOMAS A. COOK, CAPT. MC. M. D. ADDRESS Fort George G. Meade DATE SIGNED 27 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 28 Dec 54 | NAME OF CEMETERY OR CREMATORY Post Cemetary | LOCATION (City, town, or county) (State) Fort George G. Meade, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 Dec 54 | REGISTRAR'S SIGNATURE T.A.GORDON,CWO,USA | 24. FUNERAL DIRECTOR Chaplain Quigley ADDRESS Fort G. G. Meade, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

20V42734424

11133

MARYLAND 11101

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Three Mile Oak
STREET ADDRESS (Rural, give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) THOMPSON
4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 12-3-54
9. AGE last birthday: — yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Dead Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: LeRoy C. Thompson
14. MOTHER'S MAIDEN NAME: Doris E. Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: LeRoy C. Thompson (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

757.1
Immediate cause (a) Polycystic Kidney
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis of Newborn
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

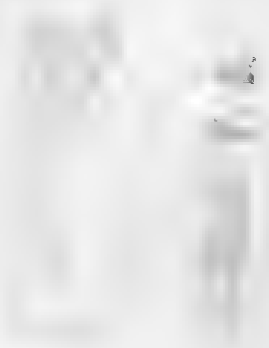
22. I hereby certify that I attended the deceased from 12/3, 1954, to 12/3, 1954, that I last saw the deceased alive on 12/3, 1954, and that death occurred at 1 40 A m., from the causes and on the date stated above.

SIGNATURE Leigh Orwick (Degree or title) M.D. ADDRESS 95 Cathedral St DATE SIGNED 12/3/54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE 12-4-54 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Dec. 4, 1954 | REGISTRAR'S SIGNATURE [illegible] O'Donnell | 24. FUNERAL DIRECTOR John W. Layton & Sons | ADDRESS Annapolis Md.

20142823 74



MARGIN RESERVED FOR BINDING

11137 106 11134 Reg. Dist.

Item 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P. O. Severna Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manhattan Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE S COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN A M
STREET ADDRESS (If rural, give location) E

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY C. THOMPSON	December 2 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White		Feb. 19, 1901	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	OWN Home	Baltimore, Md.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nelson T. Crocken	Delia Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO		Leslie M. Thompson - Severna Park, Md. Manhattan Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) DUE TO	Bilateral subdural hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Fatty infiltration of liver	
	(c)	Acute alcoholism	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY home	21c. (City or town) (County) (State)
		Manhattan Beach Anne Arundel Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Dec. 2 1954 M.		Presumably fell at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Dec. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/6/54	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 6, 1954	L. J. DeAlba	Hopping & Kirkley Funeral Home 421 Crain Highway S.E. Glen Burnie, Md.

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VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING, INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11135

11138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville; LENGTH OF STAY (in this place) 5 mos. 26 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City 07X-2; STREET ADDRESS (If rural give location) 243 Cecil Street

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Tiller

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/16/81

9. AGE last birthday 73 yrs; IF UNDER 1 YEAR Months — Days —; IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: — — — —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Florence Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis — Known to us since 7/30/54

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

OUE TO (B) Generalized Arteriosclerosis — " — "

OUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome associated with Cerebral Arteriosclerosis

19A. OATE OF OPERATION: — — —

19B. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNOERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE OID INJURY OCCUR? (City or town) (County) (State) — — — — —

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — — — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? — — — — — —

22. I hereby certify that I attended the deceased from 6/12, 1954 to 12/8, 1954 that I last saw the deceased alive on 12/8, 1954, and that death occurred at 3:50 P.M. from the causes and on the date stated above.

SIGNATURE Guilford E. Naranjit M.O. ADDRESS Crownsville, Md. DATE SIGNED 12/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 12/11/54; NAME OF CEMETERY OR CREMATORY Manor Cemetery; LOCATION (City, town, or county) (State) Near Chesapeake City, Md.

DATE REC'O BY LOCAL REGISTRAR 12/10/54; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Peoples Funeral Home ADDRESS Elkton, Md. W. C. Landy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11136

11139

CERTIFICATE OF DEATH

Reg. Dist. No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) BROOKLYN PARK
LENGTH OF STAY (in this place) 3 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 GROVE PARK RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Wycomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NANTICOKE 2 m. E.
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) EDWARD (Last) TRAVERS

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 24 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) OYSTERMAN

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANKLIN M. TRAVERS

14. MOTHER'S MAIDEN NAME: SARAH E. TAYLOR

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW. I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: ADDA HAMM TRAVERS NANTICOKE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Hodgkin's disease (generalized)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19 54, to Dec 19, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 8 am, from the causes and on the date stated above.

SIGNATURE Philip J. Kreator (Degree or title) M.D ADDRESS 302 Pedrapines Ct DATE SIGNED 12/19/54

23. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL DATE THEREOF Dec 21, 1954 NAME OF CEMETERY OR CREMATORY TURNERS CEMETERY LOCATION (City, town, or county) NANTICOKE (State) MD

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR CORNELIUS G MESSICK ADDRESS BIVALVE, MD

11137

MARYLAND 11102

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis R.F.D.
STREET ADDRESS (If rural, give location) Pendennes Mt.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) Vandaworker
4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 22-1865
9. AGE last birthday: 89 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (State or foreign country): Harlem Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram Vandaworker
14. MOTHER'S MAIDEN NAME: Adelia Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Louis V. Miller (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1 Acute Dilatation 2 the Heart — Interval between onset and death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3 Arteriosclerotic-Cardio Vascular Disease — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1 ..., 1954, to 12/24 ..., 1954, that I last saw the deceased alive on 9:30 PM 19 12/24 and that death occurred at 9 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Albert L. Wilson M.D. for Funeral Home 12/24/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 12-23-54 — NAME OF CEMETERY OR CREMATORY Crown Hill — LOCATION (City, town, or county) Indianapolis (State) Ind.

DATE REC'D BY LOCAL REG. Dec. 23, 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John M. Layton Sons — ADDRESS Annapolis Md.

FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11138

11103 **CERTIFICATE OF DEATH** Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 1 yr. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dahlgren Hall, USNA

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Iowa COUNTY Sioux
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alton
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED. (Type or Print) (First) Glenn (Middle) Richard (Last) VanGronigen

4. DATE OF DEATH: (Month) (Day) (Year) December 13 1954

5. SEX: M

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8 DATE OF BIRTH December 5, 1934

9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Navy (Midn)

11. BIRTHPLACE (State or foreign country): Alton, Iowa

12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John VanGronigen

14. MOTHER'S MAIDEN NAME: Olivia Oberman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) At pres. time

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Records, U.S. Naval Academy, Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DISORDERED ACTION OF HEART, NOS, (Cardiac Arrest) 433.2 — INTERVAL BETWEEN ONSET AND DEATH: 6 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA , 19 , to Dec. 13 , 1954 , that I last saw the deceased alive on , 19 , and that death occurred at 5:35P M, from the causes and on the date stated above.

SIGNATURE Werner E. Kalbe, LTJG, MC, USNR M. D. ADDRESS U.S. Naval Academy, Annapolis, Md. DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 12-15-54

NAME OF CEMETERY OR CREMATORY St Mary's Cemetery

LOCATION (City, town, or county) (State) Alton, Iowa

DATE REC'D BY LOCAL REGISTRAR Dec. 15, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11139 22

Reg. Dist. No.

11140

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Severn
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thompson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) Thompson Ave.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) HENRY (Last) WALLACE

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1954.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 6, 1883

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Ritchie Drive-in Theater

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 215-07-0717

17. INFORMANT & ADDRESS: Mrs. Catherine Benson 1973 Victory Drive Langdowne - Balto. 227, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 31, 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Milton Luthiem, M.D

ADDRESS Luthiem Heights Md.

DATE SIGNED Dec 31, 1954.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF January 3, 1955

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG. January 1, 1955

REGISTRAR'S SIGNATURE Clara Hasley

L J D'Alba. mat.

24. FUNERAL DIRECTOR P V Singleton

ADDRESS Glen Burnie, Md.

RECEIVED
JAN
BUREAU V. S.

11140

MARYLAND

STATE DEPARTMETT OF HEALTH

11141

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY a a. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold. MARYLAND LENGTH OF STAY (in this place). HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY a a. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Arthur (Last) Wheeler

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 6-13-1882

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S.C.G. Crew.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.C.G.

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: James Wheeler

14. MOTHER'S MAIDEN NAME: Mollie Chance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Louise Wheeler Arnold Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage Massive Rt. hemisphere — Interval Between Onset and Death: 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterial Hypertension.

(c) Arteriosclerosis —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1954, to Dec. 12, 1954, that I last saw the deceased alive on Dec. 12, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE L. C. de Oviedo, M.D. (Degree or title) ADDRESS Arnold-Md. DATE SIGNED Dec. 14, 1954

23. ~~BURIAL~~, ~~CREMATION~~ REMOVAL (Specify) | DATE 12-13-54 | NAME OF CEMETERY OR CREMATORY Sunset Memorial | LOCATION (City, town, or county) Lakewood (State) Ohio

DATE REC'D BY LOCAL REG. Dec. 13, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Hayden Sons ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11141

11142

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft Geo G Meade
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft Geo G Meade
STREET ADDRESS (If rural give location) T-2364B

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Monroe (Last) Wilkinson

4. DATE OF DEATH (Month) December (Day) 14 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 28 Sep 54

9. AGE last birthday: -- yrs. IF UNDER 1 YEAR: Months 2 Days 17 IF UNDER 24 HRS.: Hours - Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Harrisburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wade Monroe Wilkinson

14. MOTHER'S MAIDEN NAME: Hotsu Gushi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father, T-2364B, Ft Meade, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) pyloric stenosis — INTERVAL BETWEEN ONSET AND DEATH: congenital

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO cachexia — 2 mos

(C) terminal pneumonitis — 1 day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ performed autopsy the ~~deceased~~ from 14 Dec, 19 54, to DOA, 19 .., that I last saw the deceased alive on , 19 , and that death occurred at Death occurred between 1 & 7 AM M, from the causes and on the date stated above.

SIGNATURE Lockslyn Stefan, Capt MC M. D. ADDRESS Ft Meade, Md DATE SIGNED 14 Dec 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF unknown — NAME OF CEMETERY OR CREMATORY Forrest Lawn — LOCATION (City, town, or county) (State) Norfolk, Norfolk, Virginia

DATE REC'D BY LOCAL REGISTRAR 16 Dec 54 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J M Cook Inc — ADDRESS [illegible]

PS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

11143

2411 N. Charles Street, Baltimore

11142

CERTIFICATE OF DEATH

Reg. Dist. No. 22

~~Ho-12-14-Wil6174-12-15-54-st~~

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; LENGTH OF STAY (in this place) 28 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 Box #115	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; STREET ADDRESS (If rural, give location) Route #2 Box 115

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Frederick	Wolfgram	December	1,	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	February 5, 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
asst. Station Master (ret.)	P.R.R.	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mrs. Rose L. Wolfgram Route 2 Box 115 Severn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause (a) Cerebral Hemorrhage	35 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	10 yrs.
(c) Poly Arthritis Deformans.	6 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 11-0., to 12-1-54, 19....., that I last saw the deceased alive on 12/1/54, 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Chas. L. Ball Jr.	Linthicum	12/1/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 4 1954	Lorraine Park Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 4 1954	Mrs. Clara Hosley L J D'Alba. mnt.	R V Livingston	Glen Burnie, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11144

11143

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Severna Park. A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Res

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERNA PARK
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	Seymore	Zimmerman	Dec.	7	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Sept 9, 1876	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (State or foreign country) Back Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Herman Zimmerman
14. MOTHER'S MAIDEN NAME Mary Scott Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT M. Jane Zimmerman — Severna Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
482.1 Immediate cause	(a) Pulmonary Oedema	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio. Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Dec 7, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James S. Bellingslea M.D	108 Central Ave Glen Burnie Md	Dec 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-10-1954	Lorraine Park	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-8-54	C. R. Hedrick	John O. Mitchell & Sons Inc	1900 Eutaw Place